

STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist	Name of Lobbyist(s): Paul A. Worsowicz; Heidi L. Kroll; Lisa K. Shapiro, Ph.D.; Donald J. Pfundstein			
II. Name of Lobbyist	s partnership, firm or corporation, if an	y:		
	GALLAGHER, CALLAH 214 North Main Street			
603-228-				
(Teleph				
	vers: (Choose one – file separate report ansactions which are not attributable to	s for each client, OR you may file a separate report for any one client.)		
X Ali reportable t	ransactions occurring in the month prior to	the reporting date relative to the following client.		
ASSOCIA	TION OF EQUIPMENT MANUFACT	URERS c/o MULTISTATE ASSOCIATES INC.		
· · · · · · · · · · · · · · · · · · ·	(Full Name of Client as it appears on the	e Lobbyist Registration Form)		
	•			
	ransactions by the lobbyist (including the lyparticular client.	obbyist's family), or the lobbying firm listed below which are		
77 D . 47	. "24 2010 🔽	I-1-21 2010 □		
IV. Date of Report:	April 24, 2019 🗵	July 31, 2019		
Reports cover: ac	tivity from date of registration to 3/31/19	activity from 4/1/19 to 6/30/19		
	October 30, 2019	January 29, 2020 □		
	activity from 7/1/19 to 9/30/19	activity from 10/1/19 to 12/31/19		
VI. Check if addition X If you have rec If you have pair Expense Reimb If you, your fire Sworn Statement/Affi	nal reports are attached: eived fees or made expenditures, you must d an honorarium or reimbursed expenses, yoursement m, or your family has made political contri rmation by Lobbyist SA 15-B and RSA 664 and hereby swear o	Secretary of State's Office, State House, Room 204, file Addendum A – Fees and Expenses You must file Addendum B – Report of Honorariums or butions, you must file Addendum C – Political Contributions r affirm that the foregoing information is true and complete		
(Signature of Lobbyi Paul A. Worsowicz (Print Name of lobby	ist)	(Date) RECEIVED APR 2 4 2019 NEW HAMPSHIRE DEPARTMENT OF STATE		



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

	partnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & GARTE			.
	(Name of partnership, firm or corpora	ation)		
III. Name of Client	ASSOCIATION OF EQUIPMENT MANUFACTURERS c/o MULTISTATE ASSOCIATES INC.	Date	April 24, 2	
obbying, including fees	nt of all fees received from the client identified above for services such as public advocacy, government relitoring legislation, and related legal work. The gross	elations, or	public relatio	ns services,
a) Total of all fees recei	ived in this reporting period		a) \$	11,500.00
	ived this calendar year, prior to this reporting period he total prior monthly reports for this calendar year.)		b) \$	
c) Total of all fees received to date.			c) \$	
(Add lines a and b)			<u> </u>	11,500.00
d) Indicate the amount of yet been paid.	of any such fees that are due, but have not		d) \$	10,848.75
fees. Separate reports a lobbyist(s)/firm that are are to be reported in or reporting period for sale expenses where the expethe cost was \$25.00 or lepurchase of a ceremonia statement of each individual covered by (a) (for exangiven to the subject of legislative reception).	partnerships, firms, or corporations are required to are to be filed for expenditures made relative to each unrelated to any one client a separate report may the of three categories of expenses: (a) the aggreelaries, benefits, support staff, and office expenses; enditure was of \$25.00 or less (for example: meals less, purchase of a pen with a value of less than \$10 all object given to a person being lobbied with a value dual expenditure made during this reporting period apple: purchase of a meal with value of greater than lobbying with a value greater than \$25, but not gexpenses for honorariums, expense reimbursement, and should not be reported on Addendum A.	client and in the filed for egate total of the age purchased of that is given of \$25.0 of greater than	if expenditure the lobbyist(s of all expense gregate total during a bus en to the pers 0 or less); an han \$25.00 for ase of a ceren \$50, restaura	es are made by the sylfirm. Expense es paid during the of all individuations lunch where son being lobbied (c) an itemize or any purpose no nonial object to but expenses for
support staff, and office	enses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying.	a) (b) (11,300.00
support staff, and office	enses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying. Expenditures during this reporting period, not reported	b) :		.00

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: ASSOCIATION OF EQUIPMENT MANUFACTURERS c/o MULTISTATE ASSOC	CIAT	ΓES INC.	
d) Total expenses for this reporting period. (Add lines a, b and c.)	d) :	\$1	1,500.00
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) :	\$	
f) Total of all expenses year to date.	f) :	\$1	1,500.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees duperiod, including by whom paid or to whom charged.	ıring	this repo	rting
Paid to: State of NH	\$	Amount	200.00
	\$		
	. \$.		
	. \$.		
	\$		
Sworn Statement/Affirmation by Lobbyist			
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the fore is true and complete to the best of my knowledge and belief.	goi	ng inform	nation
(Signature of lobbyist) (Da	te)	19	
Paul A. Worsowicz (Print Name of Lobbyist)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Statement of Income an	•			
Name of Lobbying partn	ership, firm or corpora	tion: GALLAGHER, CAL	LAHAN & GARTRELL, P.C.	
•		the partnership, firm, or cor nt Manufacturers c/o Mul	poration and not related to any tiState Associates Inc.	
Date of Report (check of	ne):			
April 24, 2019 🔀	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □	
		Statement of Income and Exement (insert the number of	xpenses described above, and the Addendum forms being	
1 Addendum A(s).				
0 Addendum B(s).				
0 Addendum C(s).				
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.				
(Signature of Lobbyist)			4/22/2019 (Date)	
Heidi L. Kroll (Print Name of lobbyist	<u> </u>			
(1 THIL INGILIC OF TOUCHIST	· J			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist

Statement of Incon	ne and Expenses for:		
Name of Lobbying p	partnership, firm or corpora	tion: GALLAGHER, CAI	LLAHAN & GARTRELL, P.C.
Name of Client (lear particular client):		the partnership, firm, or co nt Manufacturers c/o Mul	rporation and not related to any ltiState Associates Inc.
Date of Report (che	ck one):		
April 24, 2019 🔀	July 31, 2019 □	October 30, 2019	January 29, 2020 □
		Statement of Income and Exement (insert the number of	xpenses described above, and the Addendum forms being
1 Addendum A(s	s).		
0 Addendum B(s	3).		
0 Addendum C(s	s).		
-	firm that the foregoing info of my knowledge and belie		nd each Addendum is true and
XXA	√ °		4-23-19
(Signature of Lobby	vist)		(Date)
Lisa K. Shapiro, Ph			
(Print Name of lob)	byist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Labbuigt

Statement of Income and Expenses for:				
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.				
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Association of Equipment Manufacturers c/o MultiState Associates Inc.				
Date of Report (check one):				
April 24, 2019 X Jul	ly 31, 2019 🗆	October 30, 2019	January 29, 2020 □	
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):				
1 Addendum A(s).				
0 Addendum B(s).				
0 Addendum C(s).				
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.				
(Signature of Lobbyist)	In .		(Date)	
Donald J. Pfundstein (Print Name of lobbyist)				